

OFFICIAL USE ONLY

FEE RECEIVED

CERTIFICATION REQUEST FORM

Please print or type. Incomplete forms will cause processing delays.

Complete and return with a **\$30.00 money order. FEES ARE NON-REFUNDABLE.**

The Board is able to certify only the information *currently in its files*.

NAME

DATE

MAILING ADDRESS

PHONE #

CITY

STATE

ZIP

SOCIAL SECURITY #

The address to which the certification should be mailed is: _____

PERSONAL LICENSE CERTIFICATION

If you have more than one type of license and want them all certified, you must provide a separate form and fee for each license.

If you are or were licensed in Arizona, complete the following information:

8 digit license number: _____ Expiration date: _____

Name as printed on the license: _____

YOUR SIGNATURE HERE: _____

SCHOOL HOURS CERTIFICATION

If you were never licensed in Arizona but earned hours in Arizona and need those student hours certified, **complete the following information:**

List additional schools on reverse; provide all information for *every* school. (mm\dd\yy)

School Information:

Dates of Attendance: Began: _____ Ended: _____

Name used during school: _____

School Name: _____ Address: _____

CURRICULUM STUDIED: Cosmetology _____ Nail Technology _____ Aesthetics _____ Instructor _____

If you have a disability and require reasonable accommodations to participate in our services including receiving this information in an alternative format, contact the ADA Coordinator at (480) 784-4539.